

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

097171049

12 OCT 1998

APPLICANT(S)
Regai

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3	/					
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TOTAL IND.	7					
TOTAL DEP.	34					
TOTAL CLAIMS	41					

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TOTAL CLAIMS					